

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09803036

FILING DATE

03-12-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	—					
10	)					
11	1					
12	1					
13	1					
14	1					
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49						
50						
TOTAL IND.	1		↓			
TOTAL DEP.	15	↓	↓	↓		
TOTAL CLAIMS	16					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS